

Agenda Item 11

Enclosure 8

Paper RC 25/ 03

REGISTRATION COMMITTEE

Registration/Readmission Form and Guidance Notes

From : the Executive

FOR DISCUSSION

Amendments to the Registration/Readmission Form and accompanying documents have been made. There are draft Guidance Notes to these forms.

Copies of these documents are attached for the Committee's consideration.

The following documents are attached :

A UK Applicants

- | | | |
|-----|--|---------------|
| (1) | Checklist for Registration / Readmission | page 1 |
| (2) | Registration / Readmission Form | pages 2 – 8 |
| (3) | Supplementary Details for Registration / Readmission | page 9 |
| (4) | Instructions to Bank / Building Society | page 10 |
| (5) | Guidance Notes to Registrants | pages 11 – 17 |
| (6) | Health Reference Form | pages 18 & 19 |
| (7) | Character Reference Form | pages 20 & 21 |

B EEA / International Applicants

- | | | |
|------|--|---------------|
| (8) | Checklist for EEA / International Applicants | page 22 |
| (9) | Supplementary Details for EEA / International Applicants | pages 23 – 26 |
| (10) | Guidance Notes to Registrants | pages 27 & 28 |
| (11) | Request for Clinical Reference | pages 29 & 30 |

C Grandparenting Applicants

- | | | |
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Checklist for Registration/Readmission

Miss Ag...

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

NO OTHER FORM OF DOCUMENTATION IS ACCEPTABLE TO THE HPC. PLEASE DO NOT INCLUDE ANYTHING OTHER THAN THAT WHICH IS LISTED BELOW.

PLEASE INITIAL THE BOXES

For HPC Office Use ONLY

I have signed and dated the declaration

I have included the £30 registration fee
(for new registrants at the time of graduation)

OR

I have included the £60 registration fee (for all other registrants)

I include photocopied proof of my education and training*

I have included a completed character reference

I have included a completed health reference

I have included a legible photocopy of my Passport,
National Identity card, DVLA or EEA Driving Licence

I have included a legible photocopy of my Birth Certificate
(or other appropriate evidence)

I have included evidence of any name change
e.g. photocopy of Marriage Certificate

I have included a photocopy of proof of my Education
and Training Certificates

I have included a copy of the CRB disclosure

OR

I have included a copy of the SCRO disclosure

Miss Ag...

* Please refer to guidance notes.

7d no 44(1)0 etc (1)

SECTION 1 Personal Details cont.

1.22 Mobile telephone number 1.22

1.23 Email address 1.23

1.24 Work address (if known) – (This location and postcode will be published on the Register) 1.24

1.25 Postcode/Zip code 1.25

1.26 Country 1.26

1.27 Work telephone number (including STD code) 1.27

1.28 National Insurance Number 1.28

1.29 For which part of the Register do you seek registration? **FREE NOTE** 1.29

- | | |
|--|---|
| <input checked="" type="checkbox"/> Art Therapist | <input checked="" type="checkbox"/> Chiropodist and Podiatrist |
| <input checked="" type="checkbox"/> Orthoptist | <input checked="" type="checkbox"/> Physiotherapist |
| <input checked="" type="checkbox"/> Biomedical Scientist | <input checked="" type="checkbox"/> Speech and Language Therapist |
| <input checked="" type="checkbox"/> Radiographer | <input checked="" type="checkbox"/> Clinical Scientist |
| <input checked="" type="checkbox"/> Dietitian | <input checked="" type="checkbox"/> Prosthetist and Orthotist |
| <input checked="" type="checkbox"/> Paramedic | <input checked="" type="checkbox"/> Occupational Therapist |

1.30 If you have selected Arts Therapist, please indicate whether you are one or more of the following: 1.30

- | | |
|---|--|
| <input checked="" type="checkbox"/> Art Therapist | <input checked="" type="checkbox"/> Dramatherapist |
| <input checked="" type="checkbox"/> Music Therapist | <input checked="" type="checkbox"/> All |

1.31 If you have selected Prosthetist and Orthotist, indicate whether you are the following: 1.31

- | | |
|---|---|
| <input checked="" type="checkbox"/> Prosthetist | <input checked="" type="checkbox"/> Orthotist |
| <input checked="" type="checkbox"/> Both | |

1.32 If you have selected Radiographer, please indicate whether you are the following: 1.32

- | | |
|---|--|
| <input checked="" type="checkbox"/> Diagnostic Radiographer | <input checked="" type="checkbox"/> Therapeutic Radiographer |
| <input checked="" type="checkbox"/> Both | |

1.33 Are you registered to practise in this or any other country? Yes No 1.33

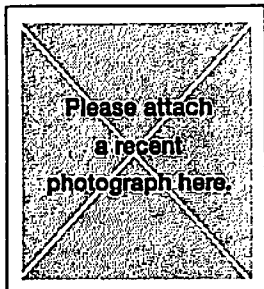
1.34 If you have answered 'yes' to the above question please state details 1.34

Country

Regulatory/Professional Body

Registration Number

1.35 1.35



← How
- Staple?
- Stick

SECTION 3 Legal and Disciplinary Proceedings

- 3.1 Have you included a Criminal Records Bureau check with your application form? **REF NOTE XX** Yes No 3.1
- 3.2 Have you ever been convicted of a criminal offence in the UK or elsewhere? Yes No 3.2
- 3.3 Have you ever been disciplined by a professional or regulatory body in the UK or elsewhere? Yes No 3.3
- 3.4 Have you ever had civil proceedings brought against you in the UK or elsewhere? Yes No 3.4
- 3.5 *If you have answered "yes" to questions 3.2 to 3.4 please provide details* 3.5

SECTION 4 Health Declaration

- 4.1 Have you included your health reference? **REF NOTE XX** Yes No 4.1
- 4.2 Are you suffering from any condition that may impair your ability to practise? Yes No 4.2
- 4.3 *If you have answered 'yes' to the above question please provide details.* 4.3

SECTION 6 Declaration of Information

I **DECLARE** that I have read, understood and will keep to the HPC's Standards of Conduct, Performance and Ethics.

REF NOTE
APPENDIX 3

I **CONFIRM** that I have read and understood the HPC Data Protection statement and I authorise the HPC to process my information accordingly.

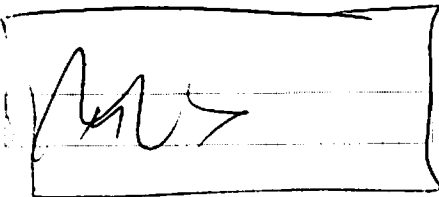
REF NOTE
APPENDIX 2

I **DECLARE** that the information given in this form, and in any supporting documents, is true and accurate.


REF NOTE 19

I **UNDERSTAND** that fraudulently procuring an entry in the HPC register is a criminal offence under Article 39 of the *Health Professions Order 2001*

Signature

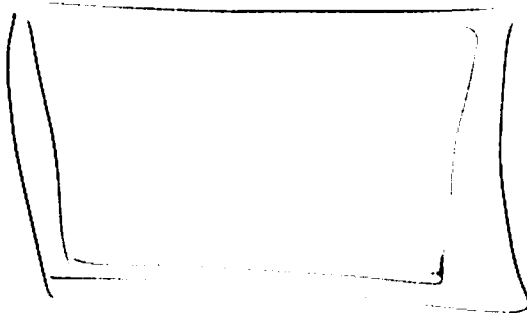


Date



HPC Disclaimer

HPC will try to process your application as quickly as possible and, once it has been considered, HPC will notify you of its decision in writing. In the meantime, you should not enter into any arrangements or incur any expenses which depend upon your application being approved, HPC accepts no liability for any loss or expense you may incur. Please note that it is a criminal offence to falsely represent that you are registered with the HPC. It is also a crime to use a professional title protected by the *Health Professions Order 2001* to which you are not entitled.



This form and supplementary information is the property of HPC.
Please return your completed forms and any additional information to:



Registration Department

The Health Professions Council, Park House, 184 Kennington Park Road, Kennington, London SE11 4BU
[t] 020 7582 0866 [f] 020 7820 9684 [e] info@hpc-uk.org [w] www.hpc-uk.org



Supplementary Details for Registration/Readmission

SECTION 7 Payment Instructions

REF NOTE 20

You may pay for your initial registration fee by one of the following methods

Please select one of the following:

- Credit card
- Debit card
- Cheque
- Postal order

CREDIT/DEBIT CARD PAYMENTS

Card type (Switch, Mastercard, Visa, Delta)

Card number

Valid from

Expiry date

Last 3 numbers of security code printed on signature strip

Issue number if supplied

Card name and billing address if different from permanent address on personal details section of form

Title Mr Mrs Miss Ms Other

Initials/Name

Surname/Family name

Address

Postcode/Zip code

Country

CHEQUE PAYMENTS

I, _____ (insert name) enclose a £ Sterling cheque to the value of £30 for my registration fee*

I, _____ (insert name) enclose a £ Sterling cheque to the value of £60 for my registration fee**

POSTAL ORDERS

I, _____ (insert name) enclose a £ Sterling cheque to the value of £30 for my registration fee*

I, _____ (insert name) enclose a £ Sterling cheque to the value of £60 for my registration fee**

* £30 registration fee (for new registrants at the time of graduation)

** £60 registration fee (for all other registrants)

Instructions to your Bank or Building Society to pay by Direct Debit

Please fill in the form and send to:

Registration Department
 Health Professions Council
 Park House
 184 Kennington Park Road
 London SE11 4BU

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code - -

Name and full postal address of your Bank or Building Society

To the Manager

Address

Postcode/Zip code

Originator's Identification Number

Registration Number

Instructions to your Bank/Building Society

Please pay HPC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

The amounts are variable and will be debited every six months.

I understand that this instruction may remain with HPC and, if so, details will be passed electronically to my Bank/Building Society.

Signature

Date _____



This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment date changes HPC will notify you 10 working days in advance of your account being debited or as otherwise agreed.

If an error is made by HPC or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society.

Please also send a copy of your letter to us.



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Introduction

This document provides guidance to applicants completing the form entitled Registration/Readmission. The criteria for registration with the HPC are laid out in Articles 9 – 13 of the *Health Professions Order 2001*.

What does HPC do?

The Health Professions Council (the HPC) is a new regulator whose job is to protect people treated by the health professionals it registers. The HPC only registers people who meet its standards for their behaviour, professional skills and health. Health professionals on the HPC's Register are called "registrants". A full list of the 12 health professions can be found in Note 8.

How does this impact me?

One of the major changes to the regulation of health professionals is the protection of professional titles. This means that as of May 1st 2003, anyone wishing to practise under one of the titles listed in Note 8 will have to be registered with the Health Professions Council, or they will be subject to prosecution.

Is there any other information?

A brochure explaining how to become registered with the HPC can be requested by writing to:

The Communications Department
The Health Professions Council

Park House
184 Kennington, Park Road
London SE11 4BU
or email: info@hpc-uk.org

Copies can also be downloaded from our website at:
www.hpc-uk.org/communications

How do I complete the form?

Applicants should complete the form using a **black ball point pen ONLY**. All text should be written in **CAPITAL LETTERS**. All sections requiring the applicant to supply details can continue on a separate sheet of paper ensuring that the details of the question number are clearly marked at the top. Supporting documentation & Sheets should be attached to the application form using a paper clip. **PLEASE DO NOT STAPLE ANY INFORMATION TO THE FORMS**

Follow examples below:

	CORRECT	INCORRECT
When marking a box	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
When marking a box please ensure you write in CAPITAL LETTERS	LETTERS	letters LETTERS
When marking a box please use a black ball point pen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Important notices to all applicants

i. All forms are the property of the HPC and should be returned to:

The Registration Department
Park House
184 Kennington Park Road
London SE11 4BU

ii. The HPC will seek to process applications for registration as quickly as possible and, once all the information has been considered in the round, the HPC will notify an individual in writing of the decision. In the meantime, an applicant is asked not to enter into any arrangements or incur any expenses which depend upon an application being approved. The HPC accepts no liability for any loss or expense which may be incurred. Please note that it is a criminal offence to falsely represent that an individual is registered with the HPC or to use a professional title protected by the *Health Professions Order 2001* unless an individual is so registered.

iii. Applicants applying with an approved qualification should note that it must have been obtained within the last four years, immediately preceding the date of the application. Otherwise, please submit a request in writing to:

The Registration Manager
The Health Professions Council
Park House
184 Kennington Park Road
London SE11 4BU
or email registration@hpc-uk.org

iv. A period of two years only has been provided to entrants applying for registration under the transitional arrangements (grandparenting process). An applicant must have applied to the register before April 30th 2005 otherwise entry will only be considered under the rules defined in Article 9 of the *Health Professions Order 2001*.

15
16
17
19
12

1. Accession to the Register

On the condition that all requirements of the registration process are satisfied an applicant will be notified in writing by the HPC that their application has been successful. The standard registration fees are £60 per annum and are payable on a two-year registration cycle. To spread the costs of registration, a six-monthly direct debit option is available to all registrants, fees are also tax deductible. For further details of fees and payment methods please refer to relevant sections.

2. Application Criteria [Section 1]

The form is applicable to those individuals who are applying on one of the following conditions: readmission, grandparenting, a qualification awarded elsewhere in the EEA, a qualification awarded outside of the EEA, approved qualification awarded in the UK.

3. Personal Information [Section 1]

This section should be completed as fully as possible. Sections 1.1 to 1.15 of the registration/readmission form are mandatory fields as this information will be used to verify the identity of an applicant. Falsifying information may result in an application being suspended from registration whilst a full investigation takes place. Applicants should be aware that fraudulently procuring an entry in the HPC Register is a criminal offence under Article 39 of the *Health Professions Order 2001* and may be subject to prosecution in a court of law.

Information that is held on the Register is divided into two sections, part one is information made available to the general public, the second part is information held by the Health Professions Council and used to contact individual applicants for re-registration purposes. A record that is made public will show:

- Name
- Unique identifier (registration number)
- Part of Register on which registrant is registered (e.g. Clinical Scientist will show Clinical Scientists)
- Subsection where applicable (e.g. Diagnostic Radiographer or Therapeutic Radiographer)
- Date of current registration
- Date of expiry of current registration
- Practice Committee orders applying to the registrant, including interim orders
- The approximate geographical area in which a registrant practises (e.g. Guildford GU5)

4. Name Changes [Section 1]

All name changes should be notified to the HPC and substantiated with appropriate documentary evidence. (e.g. Marriage certificate) If any evidence submitted in the form or supporting documentation indicates different name(s) an explanation will be requested and may result in the form being rejected and returned to the applicant to re-supply with appropriate documentation.

5. Address Details [Section 1]

Legal registered address is the home address, this is not published on the publicly available Register. However, it is required by the HPC for all correspondence. The work address, should be the main place of work, if known. This is held on the Register for the purposes of publicly available information. The details shown to the public will be the approximate geographical area in which a registrant practises (e.g. Guildford GU5). Refer to Note 4 entitled Personal Details.

6. Use of Professional Title [Section 1]

Once registration has been completed, individuals will receive a notification letter from the HPC which will include a registration number. A Certificate of Registration will be sent to successful applicants in the post. This entitles an individual to use their professional title with the full endorsement of the HPC. A full list of professions regulated by the HPC and the titles are listed in Note 7.

7. Regulated Professions [Section 1]

The health professionals regulated by the HPC are listed in the table below. This illustrates the Parts and subsections of the Register and the designated titles that are protected in law:

PART OF REGISTER	SUBSECTION	TITLE
Arts Therapist	Art Therapist Dramatherapist Music Therapist	Art Psychotherapist Art Therapist Music Therapist Dramatherapist
Chiropodist and Podiatrist		Chiropodist Podiatrist
Clinical Scientist		Clinical Scientist
Dietician		Dietician Dietitian
Biomedical Scientist		Biomedical Scientist
Occupational Therapist		Occupational Therapist
Orthoptist		Orthoptist
Prosthetist and Orthotist	Prosthetist Orthotist	Prosthetist Orthotist
Paramedics		Paramedic
Physiotherapists		Physiotherapist Physical Therapist
Radiographers	Diagnostic Radiographer Therapeutic Radiographer	Radiographer Diagnostic Radiographer Therapeutic Radiographer
Speech & Language Therapists		Speech & Language Therapist Speech Therapist

8. Character [Section 2]

This section provides an opportunity for applicants to demonstrate any membership of a relevant professional body/organisation. Applicants should note that the HPC may contact an individual body/organisation to confirm details provided in the registration/readmission form.

9. Character Reference [Section 2]

A person of professional standing in the community and includes a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, justice of the peace, minister of the church, rabbi, imam or other religious official acceptable to The Council who is not a relative of the applicant and who has known the applicant for at least three years. Any reference provided as part of an application for registration should be signed and dated by the referee. He/she must understand that it is a criminal offence under the *Health Professions Order 2001* to make any declaration falsely.

10. Criminal Record [Section 3]

A criminal records bureau check must be included with every application. This requires an individual to complete a CRB check which costs £12 or a SCRO check which costs £13.60.

11. Health Declaration [Section 4]

A registered medical practitioner must provide a reference declaring that an individual has been fit to practice. Any reference provided as part of an application for registration should be signed and dated by the referee. He/she must understand that it is a criminal offence under the *Health Professions Order 2001* (HPO) to make any declaration falsely.

12. Education & Training [Section 5]

Please provide details of your original qualification. For those applicants applying with an approved qualification awarded in the UK, this should be inserted in this section. Other applicants are welcomed to supply appropriate details as evidence of their education and training experience.

SPECIAL NOTE: For those applicants applying under the transitional (grandparenting) process. Any information supplied in this section is provided on a voluntary basis at the discretion of the applicant. Any details may facilitate the assessment of your registration form.

13. Declaration [Section 11]

The declaration is a legal requirement of registration. It is mandatory for applicants to sign this section, without which, the form cannot be processed or considered as completed. Applicants are reminded that fraudulently procuring an entry in the HPC register by providing false or inaccurate information constitutes a criminal offence under Article 39 of the *Health Professions Order 2001*.

Appendix 1 – Standards of Proficiency

Details of the standards of proficiency are available on written request to:

Education and Training Department
Park House
184 Kennington Park Road
London SE11 4BU

or email: education@hpc-uk.org copies can also be downloaded from our website at: www.hpc-uk.org/apply

Appendix 2 – HPC Data Protection Policy

See attached documentation entitled HPC Data Protection Policy.

Appendix 3 – Statement of Good Conduct, Performance & Ethics

Detail of the Statement of Good Conduct, Performance & Ethics is available on written request to:

Communications Department
Park House
184 Kennington Park Road
London SE11 4BU
or email: info@hpc-uk.org

Copies can also be downloaded from our website at: www.hpc-uk.org/apply

hpc
health
professions
council

Chief Executive & Registrar
The Health Professions Council
Park House, 184 Kennington Park Road
Kennington, London SE11 4BU
[t] 020 7582 0866 [f] 020 7820 9684 [e] info@hpc-uk.org
[w] www.hpc-uk.org

14. International Applicants

An unregistered professional who wishes to practise under one of the professional titles Note 7 must become registered with the UK HPC. The UK *Health Professions Order 2001* is the legislation setting down the rules of operation for the UK HPC, including the protection of title. It contains provision explained in Article 9 for individuals to apply for registration with the HPC if they have qualified overseas and do not hold one of the UK 'approved qualifications.' This process is referred to as 'international'. A full list of approved qualifications, courses and institutions is available from the HPC website, found under Education and Training: www.hpc-uk.org or by contacting the HPC Education and Training Department in writing or via email at: education@hpc-uk.org

International applicants can apply to become registered with the HPC. They must satisfy the Council that their education is of the requisite standard of proficiency required for registration. If they do not hold an educational qualification, evidence of appropriate experience and training must be supplied to demonstrate how the requisite standard of proficiency has been attained. All documentation must be provided in English.

15. Eligibility for Registration

Applicants must be made aware that there are strict rules governing eligibility for registration via the international process. If evidence is given to HPC that an applicant has provided inaccurate information or fraudulently completed the registration form, the application will be immediately terminated and notification sent to the individual explaining the procedures they will face (please note the HPC will not refund the £200 scrutiny fee*).

16. EEA Applicants

It is strongly recommended that all EEA applicants apply for registration with the HPC if they wish to work in the United Kingdom.

17. Personal Details [Section 1a]

A test of English may be required from those candidates who do not meet the requisite standard of proficiency. Evidence may be requested and should be supplied by all international candidates who have answered that English is not their first language. Suitable evidence that is accepted by the HPC are as follows:

For all applicants (except those applying to be registered as Speech & Language Therapists)

3.1 IELTS Level 5.0

3.2 TSE (Test of Spoken English) Level XX

3.3 TOEFL Level XX

For all Speech & Language Therapists:

3.4. IELTS Level 8.0

3.5. TSE (Test of Spoken English) Level XX

3.6. TOEFL Level XX

18. Career Summary [Section 9]

Is requested of all candidates

19. Scrutiny Fees*

A non-refundable fee of £200 is charged for all international applicants this must be included with the registration form submitted to the HPC. This is a mandatory requirement and a form cannot be processed until this fee is paid in full.

The fee has been set to cover the administrative costs of the HPC and professional assessors who must be recompensed for giving their time to HPC in undertaking the evaluation of registration/readmission forms.

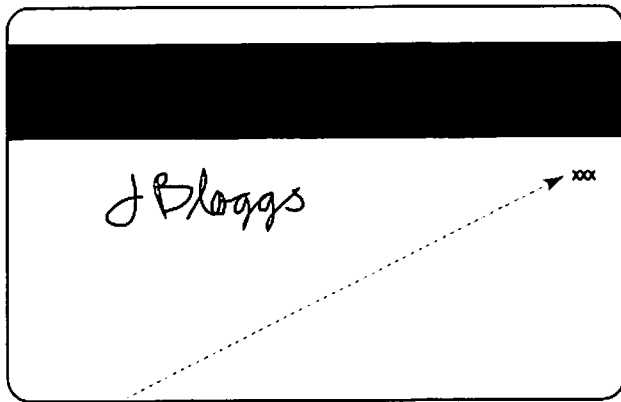
Applicants may be given a refund where evidence of extenuating circumstances is shown. All instances will be judged on a case by case basis at the discretion of the HPC and are not subject to appeal.

20. Information on scrutiny payments [Section 10]

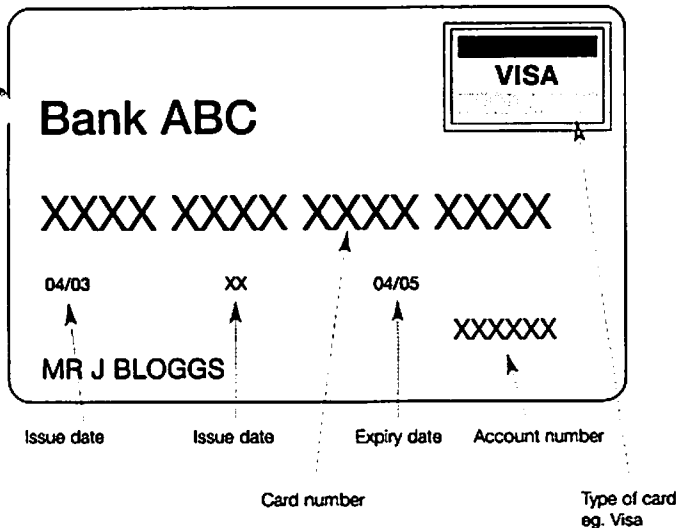
An individual who applies to be regulated by the HPC, must complete the payment details section of the registration/readmission form and return the document to:

The Registration Team
Park House
184 Kennington Park Road
Kennington
London, SE11 4BU

When paying by credit/debit card please ensure that the card number supplied is that found on the middle of the card. The diagram below shows where information can be found on the card:



The security code



21. Clinical Reference [checklist]

Two clinical references are requested of all international and EEA candidates, where they are able to provide such supplementary information. This may be used to provide additional evidence to assessors of an individual's ability to practise safely and effectively.

22. Course Transcript [checklist]

Course transcripts are requested of all international and EEA candidates, where they are able to provide such supplementary information.

23. Test of Competence

An individual who applies to be regulated by the HPC via the international process, may be requested to undertake a test of competence. This will be used to satisfy the HPC Council of their ability to practice safely and effectively. In the event of a Test of Competence being required, individuals will be notified in writing by the HPC and requested to present themselves at the allotted time and date. Failure to do so will be recorded and may be taken into consideration as part of the individual's application to become registered.

hpc
health
professions
council

Chief Executive & Registrar

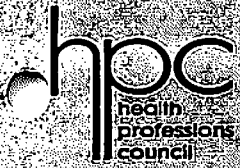
The Health Professions Council

Park House, 184 Kennington Park Road, London SE11 4BU

[t] 020 7582 0866 [f] 020 7820 9684

[e] info@hpc-uk.org [w] www.hpc-uk.org

(17)



Health Reference Form

Health Professions Order 2001

Before being registered under the Health Professions Order 2001 an applicant must satisfy the Health Professions Council that he or she is of good health. A reference as to the applicant's health is to be provided on this form by a registered medical practitioner who is not a relative of the applicant and who has been either the applicant's doctor for the past three years or who has examined the applicant's medical records made by a general medical practitioner who has known the applicant for that period.

A reference may be provided based on the registered medical practitioner's personal knowledge at the time the application is made without carrying out a formal health examination. However, the Council may require the applicant (at his or her own expense) to undergo such an examination in order to provide satisfactory evidence of good mental and physical health.

The Council may make further inquiries of the applicant or referee in order to verify or clarify any part of this reference.

Name of applicant

I have known the above named person for _Y _Y years and am satisfied he/she** is of good health both physically and mentally.
I am not aware of any circumstances which would affect the capacity of the applicant to practise as a

I have examined the medical records of the above named person made by a registered medical practitioner who knew him/her for the last three years, or by a registered medical practitioner who practised in partnership with that practitioner and am satisfied that there appears to be no medical reason which would affect his/her** capacity to practise as a

Any additional information

Name (please print) _____
Practice address _____
Telephone _____

Signed _____ Date _____

* Insert profession
** Delete as appropriate

NOTE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the *Health Professions Order 2001* is a criminal offence.

page 15

Post code

+ page 8



Character Reference Form

Health Professions Order 2001

Before being registered under the Health Professions Order 2001 an applicant must satisfy the Health Professions Council that he or she is of good character. A reference as to the applicant's character is to be provided on this form by a person of professional standing in the community and includes a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, justice of the peace, minister of the church, rabbi, imam or other religious official acceptable to the Council, who is not a relative of the applicant and who has known the applicant for at least three years.

The Council may make further inquiries of the applicant or referee in order to verify or clarify any part of this reference.

Name of applicant []

I have known the above named person for [5] years and I know of no reason why he/she should not practise as a [] with honesty and integrity.

Any additional information

20

Name (please print) _____
Occupation _____
Practice or Business address _____
Telephone _____

Please state in what capacity the applicant is known to you

POST COX

Signed _____ Date _____

* Insert profession

NOTICE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the *Health Professions Order 2001* is a criminal offence.

Checklist for EEA/International Applicants

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

NO OTHER FORM OF DOCUMENTATION IS ACCEPTABLE TO THE HPC. PLEASE DO NOT INCLUDE ANYTHING OTHER THAN THAT WHICH IS LISTED BELOW.

PLEASE INITIAL THIS BOX

For HPC Office Use ONLY

I have signed and dated the declaration

I have included the £200 scrutiny fee

I have included a completed character reference

I have included a completed health reference

I have included a legible photocopy of my Passport, National Identity card, DVLA or European Driving Licence or EU Photo Identity card

I have included a legible photocopy of my Birth Certificate

I have included evidence of any name change e.g. photocopy of Marriage Certificate

I have included photocopy proof of my Education and Training Certificates*

I include photocopied proof of my course transcript*

I have included a copy of the CRB disclosure

OR

I have included a copy of the SCRO disclosure

If you are able to provide the following documentation in support of your application, please do so:

PLEASE INITIAL THIS BOX

For HPC Office Use ONLY

I have included two clinical references

* If you don't hold a qualification comparable to a UK approved qualification you may still be eligible for registration. The HPC can take into account any additional training and experience that you have. You should provide evidence to support this. e.g. reference from employer/institution, certificates.

SECTION 1A Your Personal Details

What is your first language?

Are you proficient in English? Yes No

REF NOTE X

If you have answered 'no' to the above question please provide evidence in your application.

If you have selected Clinical Scientist, please state which modality and sub-modality you will be seeking registration for:

REF NOTE X

Clinical Biochemistry

- Endocrinology
- Immunology
- Paediatric Biochemistry
- Toxicology
- Molecular Biochemistry

Clinical Genetics

- Molecular Genetics
- Cytogenetics

Medical Physics & Clinical Engineering

- Biomaterials
- Biomedical Engineering
- Computing
- Emerging Technology
- Equipment Management
- Imaging Physics
- Medical Electronics & Instrumentation
- Physiological Measurement Techniques
- Non-ionising Radiation
- Radiation Physics
- Radiation Protection

Clinical Microbiology

- Bacteriology
- Mycology
- Parasitology
- Virology
- Epidemiology & Statistics
- Reference Microbiology

Haematology

- Haemostasis & Thrombosis
- Blood Transfusion
- Haemato-Oncology
- Flow Cytometry
- Red Cell Disorders
- Haematological Genetics
- Clinical Immunology
- Histocompatibility & Immunogenetics
- Audiology
- Embriology

Clinical Physiology

- Gastro-Intestinal Physiology
- Respiratory Physiology
- Autonomic Vascular Physiology
- Neuro-physiology

SECTION 9 Career Summary

REF NOTE XX

Please provide a brief career history of employment ONLY under your professional title or experience within the profession for which you seek registration

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date

End date

Main responsibilities/duties

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date

End date

Main responsibilities/duties

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date

End date

Main responsibilities/duties

SECTION 9 Career Summary cont

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date

End date

Main responsibilities/duties

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date

End date

Main responsibilities/duties

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date

End date

Main responsibilities/duties

SECTION 10 Payment Instructions

REF NOTE 20

You may pay for your scrutiny fee by one of the following mechanisms

Please select one of the following:

- Credit card Debit card Cheque Postal order

CREDIT/DEBIT CARD PAYMENTS

Card type (Switch, Mastercard, Visa, Delta)

Card number

Valid from

Expiry date

Last 3 numbers of security code printed on signature strip

Issue number if supplied

Telephone number (including STD code)

Email address

Card name and billing address if different from permanent address on personal details section of form

Title Mr Mrs Miss Ms Other

Initials/Name

Surname/Family name

Address

Postcode/Zip code

Country

CHEQUE PAYMENTS

I, _____ (insert name) enclose a £ Sterling cheque to the value of £200 for my scrutiny fee

POSTAL ORDERS

I, _____ (insert name) enclose a postal order to the value of £200 for my scrutiny fee

14. International Applicants

An unregistered professional who wishes to practise under one of the professional titles Note 7 must become registered with the UK HPC. The UK *Health Professions Order 2001* is the legislation setting down the rules of operation for the UK HPC, including the protection of title. It contains provision explained in Article 9 for individuals to apply for registration with the HPC if they have qualified overseas and do not hold one of the UK 'approved qualifications.' This process is referred to as 'International'. A full list of approved qualifications, courses and institutions is available from the HPC website, found under Education and Training: www.hpc-uk.org or by contacting the HPC Education and Training Department in writing or via email at: education@hpc-uk.org

International applicants can apply to become registered with the HPC. They must satisfy the Council that their education is of the requisite standard of proficiency required for registration. If they do not hold an educational qualification, evidence of appropriate experience and training must be supplied to demonstrate how the requisite standard of proficiency has been attained. All documentation must be provided in English.

15. Eligibility for Registration

Applicants must be made aware that there are strict rules governing eligibility for registration via the international process. If evidence is given to HPC that an applicant has provided inaccurate information or fraudulently completed the registration form, the application will be immediately terminated and notification sent to the individual explaining the procedures they will face (please note the HPC will not refund the £200 scrutiny fee*).

16. EEA Applicants

It is strongly recommended that all EEA applicants apply for registration with the HPC if they wish to work in the United Kingdom.

17. Personal Details [Section 1a]

A test of English may be required from those candidates who do not meet the requisite standard of proficiency. Evidence may be requested and should be supplied by all international candidates who have answered that English is not their first language. Suitable evidence that is accepted by the HPC are as follows:

For all applicants (except those applying to be registered as Speech & Language Therapists)

3.1 IELTS Level 5.0

3.2 TSE (Test of Spoken English) Level XX

3.3 TOEFL Level XX

For all Speech & Language Therapists:

3.4. IELTS Level 8.0

3.5. TSE (Test of Spoken English) Level XX

3.6. TOEFL Level XX

18. Career Summary [Section 9]

Is requested of all candidates

19. Scrutiny Fees*

A non-refundable fee of £200 is charged for all International applicants this must be included with the registration form submitted to the HPC. This is a mandatory requirement and a form cannot be processed until this fee is paid in full.

The fee has been set to cover the administrative costs of the HPC and professional assessors who must be recompensed for giving their time to HPC in undertaking the evaluation of registration/readmission forms.

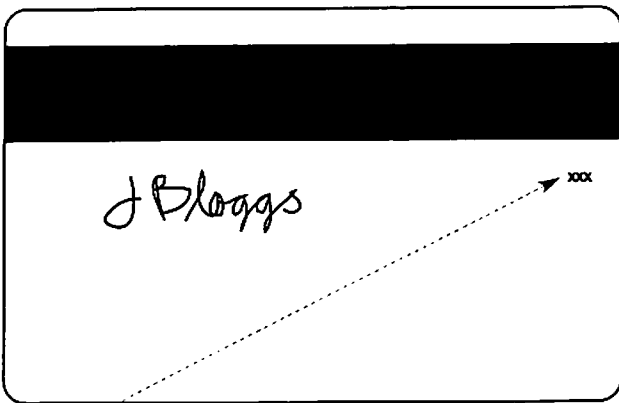
Applicants may be given a refund where evidence of extenuating circumstances is shown. All instances will be judged on a case by case basis at the discretion of the HPC and are not subject to appeal.

20. Information on scrutiny payments [Section 10]

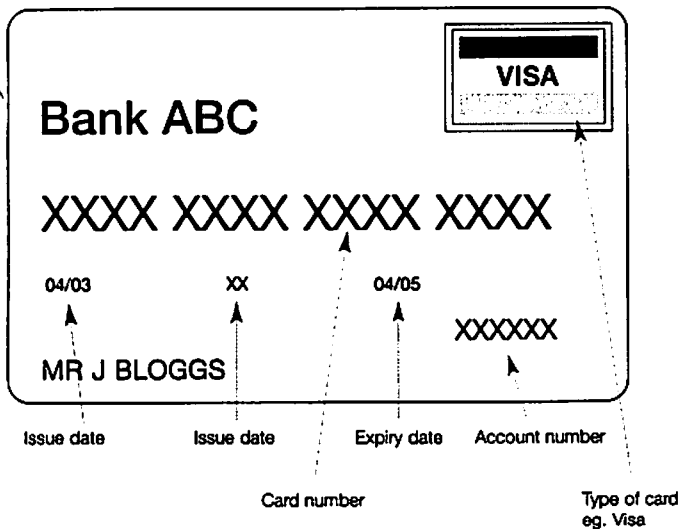
An individual who applies to be regulated by the HPC, must complete the payment details section of the registration/readmission form and return the document to:

The Registration Team
Park House
184 Kennington Park Road
Kennington
London, SE11 4BU

When paying by credit/debit card please ensure that the card number supplied is that found on the middle of the card. The diagram below shows where information can be found on the card:



The security code



21. Clinical Reference [checklist]

Two clinical references are requested of all international and EEA candidates, where they are able to provide such supplementary information. This may be used to provide additional evidence to assessors of an individual's ability to practise safely and effectively.

22. Course Transcript [checklist]

Course transcripts are requested of all international and EEA candidates, where they are able to provide such supplementary information.

23. Test of Competence

An individual who applies to be regulated by the HPC via the international process, may be requested to undertake a test of competence. This will be used to satisfy the HPC Council of their ability to practice safely and effectively. In the event of a Test of Competence being required, individuals will be notified in writing by the HPC and requested to present themselves at the allotted time and date. Failure to do so will be recorded and may be taken into consideration as part of the individual's application to become registered.

hpc
health
professions
council

Chief Executive & Registrar

The Health Professions Council

Park House, 184 Kennington Park Road, London SE11 4BU

[t] 020 7582 0866 [f] 020 7620 9684

[e] info@hpc-uk.org [w] www.hpc-uk.org

Why?

28



Request for Clinical Reference

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

1.0 APPLICANT'S NAME AND ADDRESS

1.0

Title Mr Mrs Miss Ms Other

Sex Male Female

Forename

Surname/Family name

Address (This will not be available to the public)

Postcode/Zip code

Country

Other names in full

Date of birth DDMMYYYY

Nationality

THE REMAINDER OF THIS FORM IS TO BE COMPLETED FULLY BY THE REFEREE

2.0 REFEREE'S NAME AND ADDRESS

2.0

Title Mr Mrs Miss Ms Other

Sex Male Female

Forename

Surname/Family name

Address (This will not be available to the public)

Postcode/Zip code

Country

Telephone number (including STD code)

Fax number (including STD code)

Email address

3.0 Referee's job title

3.0

Qualifications

4.0 In what capacity is the applicant known to you eg. employee, student, volunteer etc

4.0

5.0 Job title of the applicant

5.0

Grid for job title: 30 empty boxes.

6.0 How long have you known the applicant?

Y Y M M

6.0

7.0 Dates applicant was employed

Start Y Y M M

Finish

Y Y M M

7.0

8.0 Hours worked:

8.0

Full-time hours per week

Y Y

Part-time hours per week

Y Y

9.0 Please describe the work setting(s) in which the applicant was employed giving an indication of the range of patients or clients, the type of conditions treated, in addition to assessment, treatment and evaluation methods used.

9.0

Large empty grid for description of work setting.

Checklist for Grandparenting Applicants

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

	PLEASE INITIAL THE BOXES	For HPC Office Use ONLY
I have signed and dated the declaration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have included the £200 scrutiny fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have included a completed character reference	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have included a completed health reference	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have included a legible photocopy of my Passport, National Identity Card, DVLA or European Driving Licence	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have included a legible photocopy of my Birth Certificate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have included evidence of any name change e.g. photocopy of Marriage Certificate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have included a copy of the CRB disclosure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OR		
I have included a copy of the SCRO disclosure	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you are able to provide the following documentation in support of your application, please do so:

	PLEASE INITIAL THIS BOX	For HPC Office Use ONLY
A character reference which supports your claim to have practised the profession for which you are applying for registration. Please use the form entitled "Grandparenting application reference form".	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A legible photocopy of your Personal Indemnity Insurance or equivalent	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 8 Career Summary

REF NOTE 17

Please provide a brief employment or career history.

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date D M M Y Y Y Y

End date D M M Y Y Y Y

Main responsibilities/duties

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date D M M Y Y Y Y

End date D M M Y Y Y Y

Main responsibilities/duties

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date D M M Y Y Y Y

End date D M M Y Y Y Y

Main responsibilities/duties

SECTION 9 Payment Instructions

REF NOTE XX

You may pay for your scrutiny fee by one of the following methods

Please select one of the following:

Credit card Debit card Cheque Postal order

CREDIT/DEBIT CARD PAYMENTS

Card type (Switch, Mastercard, Visa, Delta)

Card number

Valid from M Y Y

Expiry date M Y Y

Last 3 numbers of security code printed on signature strip N N N

Issue number if supplied N N N N

Card name and billing address if different from permanent address on personal details section of form

Title Mr Mrs Miss Ms Other

Initials/Name

Surname/Family name

Address

Postcode/Zip code

Country

CHEQUE PAYMENTS

I, _____ (insert name) enclose a £ Sterling cheque to the value of £200 for my scrutiny fee

POSTAL ORDERS

I, _____ (insert name) enclose a postal order to the value of £200 for my scrutiny fee

SECTION 10 Practice Details

Please provide a brief description of your areas of professional practice. You may wish to do this by providing no more than three patient/client case studies.

Lined writing area for providing a brief description of professional practice and up to three patient/client case studies.

You may continue on a separate sheet of paper and append this to your application form indicating the question to which it relates at the top.

14. Grandparenting

An unregistered professional who wishes to continue practising under one of the professional titles [See Note 2] must become registered with the HPC. The Health Professions Order (2001) is the legislation setting down the rules of operation for HPC, including the protection of title. It contains provision explained in Article 13 for individuals to apply for registration with the HPC if they do not hold an 'approved qualification.' This process is referred to as 'Grandparenting' or transitional arrangements. Explanatory notes of how it applies to the registration/readmission form are given in Notes 8, 9 & 10. A full list of approved courses is available from the HPC website, found under Education and Training: www.hpc-uk.org

15. Hours of Practice [Section 1]

Applicants are requested to provide evidence of clinical practice time. This enables the Health Professions Council to approve the route by which an applicant is processed. (Please refer to the Introduction Sections 2.1 & 2.2)

Wholly engaged in the profession has been defined as 35 hours per week on average. This means for an individual who works part-time to qualify under Section 2.1 he/she must be able to demonstrate that they have been in practice five years preceding the date of the register opening otherwise they automatically become a Candidate assessed under Route B. (Please refer to Section 2.2)

16. Eligibility for Transitional Arrangements

Applicants must be made aware that there are strict rules governing eligibility for registration via the Grandparenting process. If evidence is given to HPC that an applicant has previously been on the CPSM Register under the title of the profession for which registration is being sought, the application will be immediately terminated and notification sent to the individual explaining the procedures that they will need to follow. (Please note the HPC will not refund the £200 transitional arrangement fee*)

17. Registration Route a [Section 2]

Applicants must demonstrate lawful, safe and effective practice of the profession. In addition the applicant must have for a period of the last three out of five years or its equivalent on a part-time basis, immediately preceding the date on which the register opens (May 1st 2003) been wholly or mainly engaged in practice of the profession for which he/she wishes to be registered.

All applicants satisfying these criteria which are set out in the registration/readmission form will be approved for registration. In the event that an applicant fails to meet any of the criteria he/she may be requested to undertake a test of competence to satisfy the Council of his/her ability to demonstrate the required standard of proficiency which is a requisite of all applicants applying for registration to the Health Professions Council.

18. Registration Route b [Section 2]

An applicant who has not practised for the period defined under route A (i.e. 3 out of the last five years or equivalent part-time basis by May 1st 2003) may still apply for registration. He/She must satisfy the Council that they meet the requisite Standard of Proficiency having undertaken training and experience that can be used to demonstrate these criteria.

19. Character Reference [section 3]

A character reference is a requirement of registration.

20. Membership of Professional bodies [section 3]

An applicant must list any entities to which they have had membership that is relevant to any position held in a professional capacity. E.g. Royal College of Nurses, Chartered Institute of Management Accountants, The Law Society of England and/or Scotland

21. Professional indemnity Insurance [section 3]

The HPC may contact any organisation(s) or persons mentioned in the registration/readmission form and relevant to the processing & investigation of eligibility for registration under the transitional arrangements.

22. Fees

A non-refundable fee of £200 is charged for every application submitted to the HPC. This is a mandatory requirement and a form cannot be processed until this fee is paid in full.

The fee has been set to cover the administrative costs of the HPC and Professional Assessors who must be recompensed for giving their time to HPC in undertaking the evaluation of registration/readmission forms.

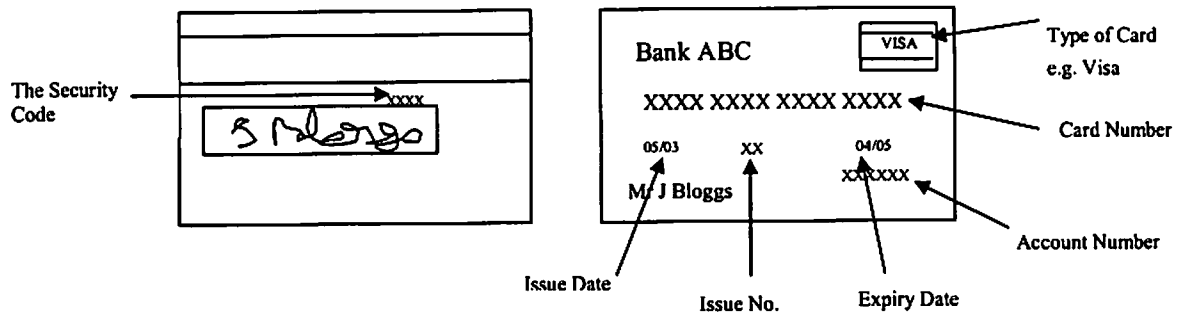
A refund may be given where evidence of extenuating circumstances is shown. All instances will be judged on a case by case basis at the discretion of the HPC and are not subject to appeal.

23. Payment Methods [Section 12]

An individual, who applies to be regulated by the HPC via the Grandparenting process, must complete the payment details section of the registration/readmission form and return the document to the Registration Team, Park House, 184 Kennington Park Road, Kennington, London, SE11 4BU

H P C

When paying by Credit/Debit Card please ensure that the card number supplied is that found on the middle of the card. The diagram below shows where information can be found on the card:



24. Test of Competence

An individual, who applies to be regulated by the HPC via the Grandparenting process, may be requested to undertake a Test of Competence. This will be used to satisfy the Council of their ability to practise safely and effectively. In the event of a Test of Competence being required, individuals will be notified in writing by the HPC and requested to present themselves at the allotted time & date. Failure to do so will be recorded and may be taken into consideration as part of the individual's application to become registered.

